FACULTY OF OCCUPATIONAL MEDICINE

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN

# OCCUPATIONAL MEDICINE

## OUTCOME-BASED EDUCATION – OBE CURRICULUM

**This Curriculum of Higher Specialist Training in Occupational Medicine was developed in 2023 by a Working Group led by Dr Fiona Kevitt, National Specialty Director, and the RCPI Education Team. The Curriculum undergoes an annual review process by the National Specialty Director, Dr Hemal Thakore, and the RCPI Education Department. The Curriculum is approved by the Specialty Training Committee and the Faculty of Occupational Medicine.**

| Version | Date Published | Last Edited By | Version Comments |
|---|---|---|---|
| 2.0 | July 2026 | Maurice Kinsella | Updates to the Core Professional Skills section to explicitly align with the *Eight Domains of Good Professional Practice*. |

## *National Specialty Director's Foreword*

Occupational Medicine HST programme is designed to provide the training and professional development necessary to work as a specialist in occupational medicine, one capable of dealing with the impact of health on work, the effect of work on health, prevention of occupational injury and disease and the promotion of health, safety, and welfare in the work environment.

The Outcome Based Education (OBE) project concerned the transition of the minimum requirements model of the Occupational Medicine curriculum and training to OBE which is more in line with other countries in Europe and the US. It was also one of the key initiatives of the RCPI's Strategic Plan 2021-2024, which aimed to enhance the quality of Ireland's BST and HST training programmes to ensure they are aligned with international best practices and standards. It is also a recommendation of the Medical Council. This involves a considerable change to both the structure and assessment of the curriculum and, as such, requires input from multiple stakeholders to ensure that any changes are valid and robust.

The revision project was led by the then NSD, with support from the Education Specialists in RCPI. The existing curriculum was pared back to 6 main training goals, with a number of outcomes in each training goal. The 6 training goals were identified as:

1. Assessment and Management of Occupational Hazards to Health
2. Occupational Toxicology, Chemical and Biological Hazards to Health
3. Management and Leadership
4. Ergonomics, Health Promotion and Organisational Psychology
5. Research and Evidence Based Practice
6. Occupational Medicine Law and Ethics

As with all curricula, this document remains subject to ongoing review and refinement. A further revision of the curriculum will be undertaken during 2026, informed by the experience of its initial implementation. The updated curriculum will take effect from July 2027, before the first cohort to train under the OBE model completes the programme. This revision is expected to address the Duration and Organisation of Training, Clinics and Training Activities, the Summary of Expected Experience, and a number of Training Outcomes, and will be conducted in consultation with Trainers and Trainees.

I would like to thank the Education Specialists and Training Pillar without whose support this work would not have been possible.

**Dr Hemal Thakore**

# Table of Contents

*National Specialty Director's Foreword* ..... 1
INTRODUCTION ..... 3
Purpose of Training ..... 4
Purpose of the Curriculum ..... 4
How to Use the Curriculum ..... 4
Reference to Rules & Regulations ..... 4
Overview of Curriculum Sections & Training Goals ..... 5
EXPECTED EXPERIENCE ..... 6
Duration & Organisation of Training ..... 7
Clinics & Training Activities ..... 9
Participation in Learning & In-House Activities ..... 11
Research, Audit & Teaching Experience ..... 11
Teaching Attendance ..... 11
Evaluations, Examinations & Assessments ..... 11
Summary of Expected Experience ..... 12
CORE PROFESSIONAL SKILLS ..... 13
SPECIALTY SECTION – OCCUPATIONAL MEDICINE TRAINING GOALS ..... 19
Training Goal 1 – Assessment & Management of Occupational Hazards to Health ..... 20
Training Goal 2 – Occupational Toxicology, Chemical & Biological Hazards to Health ..... 22
Training Goal 3 – Management & Leadership ..... 23
Training Goal 4 – Ergonomics, Health Promotion & Organisational Psychology ..... 25
Training Goal 5 – Research & Evidence Based Practice ..... 26
Training Goal 6 – Occupational Medicine Law & Ethics ..... 27
APPENDICES ..... 28
ASSESSMENT APPENDIX ..... 29
TEACHING APPENDIX ..... 32
Occupational Medicine Teaching Attendance Requirements ..... 33

# INTRODUCTION

*This section includes an overview of the Higher Specialist Training programme and of this Curriculum document.*

## Purpose of Training

This programme is designed to provide the training and professional development necessary to work as a Specialist in Occupational Medicine, one capable of dealing with the impact of health on work, the effect of work on health, prevention of occupational injury and disease and the promotion of health, safety, and welfare in the work environment. This is achieved by providing Occupational Medicine training in approved training posts, under the supervision of certified Trainers, in order to satisfy the outcomes listed in the Curriculum. Each post provides a Trainee with a named Trainer and the programme is under the direction of the National Specialty Director for Occupational Medicine.

## Purpose of the Curriculum

The purpose of the Curriculum is to guide the Trainee towards achieving the educational outcomes necessary to function as an independent Specialist in Occupational Medicine. The Curriculum defines the relevant processes, content, outcomes, and requirements to be achieved. It stipulates the overarching goals, outcomes, expected learning experiences, instructional resources and assessments that comprise the Higher Specialist Training (HST) programme. It provides a framework for certifying successful completion of HST programme.

In keeping with developments in medical education and to ensure alignment with international best practice and standards, the Royal College of Physicians (RCPI) have implemented an Outcomes Based Education (OBE) approach. This Curriculum design differs from traditional "minimum requirement" designs in that the learning process and desired end-product of training (outcomes) are at the forefront of the design to provide the essential training opportunities and experiences to achieve those outcomes.

## How to Use the Curriculum

Trainees and Trainers should use the Curriculum as a basis for goal-setting meetings, delivering feedback, and completing assessments, including appraisal processes (Quarterly Assessments/End of Post Assessment, End of Year Evaluation). Therefore, it is expected that both Trainees and Trainers familiarise themselves with the Curriculum and have a good working knowledge of it.

Trainees are expected to use the Curriculum as a blueprint for their training and record specific feedback, assessments, and training events on ePortfolio. The ePortfolio should be updated frequently during each training placement.

It is important to note that ePortfolio is a digital repository designed to reflect Curriculum requirements. It facilitates recording of progress through HST and evidence that training is valid and appropriate. While a complete ePortfolio is essential for HST certification, Trainees and Trainers should always refer to the Curriculum in the first instance for information on the requirements of the training programme.

**Please note**: It is the responsibility of the Trainee to keep an up-to-date ePortfolio throughout the programme as it reflects their individual training experience and it documents that they have successfully met training standards as expected by the Medical Council.

## Reference to Rules & Regulations

Please refer to the following sections within the Occupational Medicine HST Training Handbook for rules and regulations associated with this post. Policies, procedures, relevant documents, and Training Handbooks can be accessed on the RCPI website following this link.

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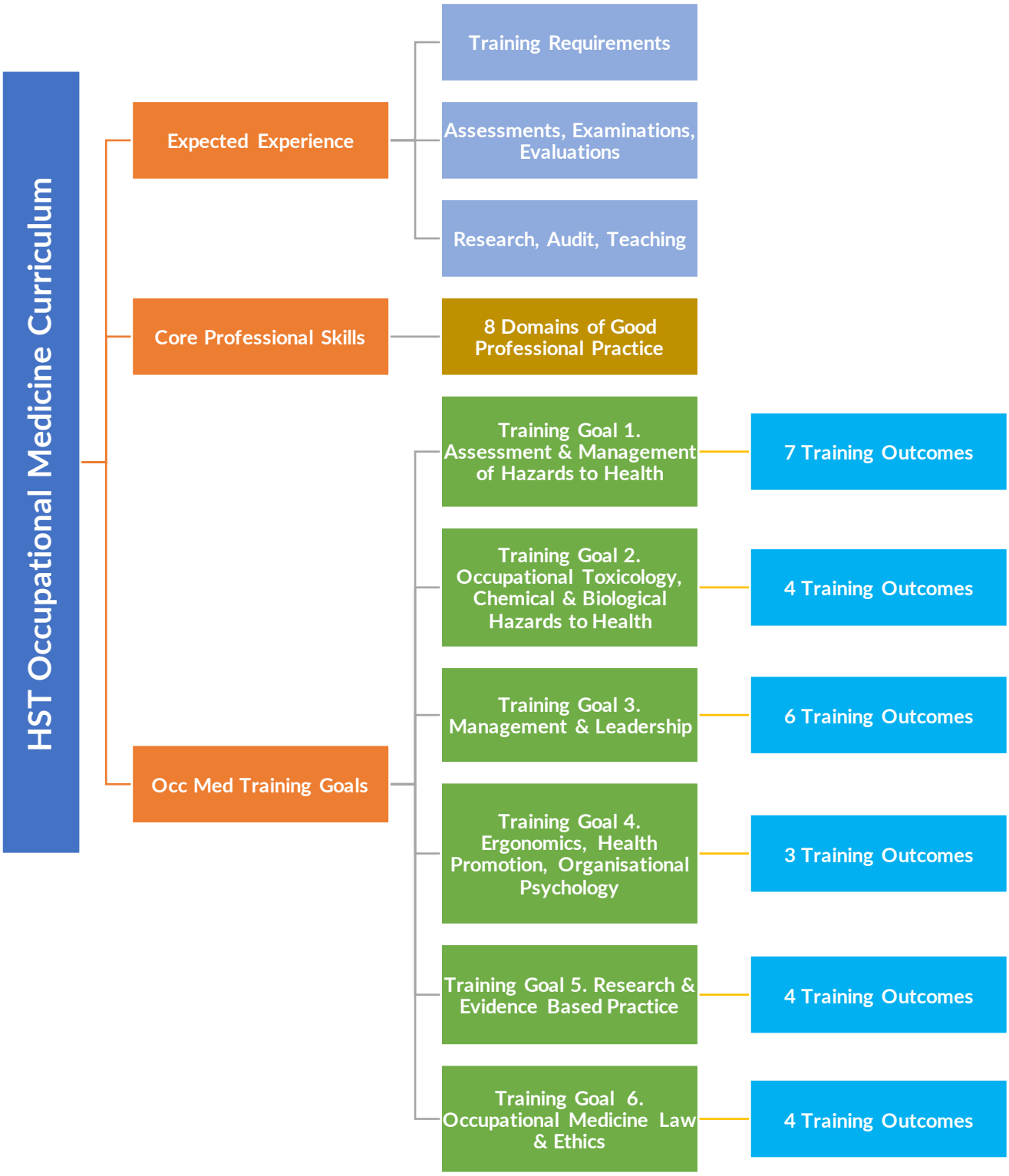
## Overview of Curriculum Sections & Training Goals



# EXPECTED EXPERIENCE

*This section details the training experience and the service provision tasks that all Trainees are expected to complete over the course of Higher Specialist Training.*

## Duration & Organisation of Training

The duration of HST in Occupational Medicine is four years full time equivalent. Up to one year of research, or time spent in academic training, may be a constituent part of the four-year programme, provided that the content is relevant to Occupational Medicine. Each post within the programme to which the Trainee is appointed will have a named supervisor/Trainer. HST programmes will be under the supervision of the National Specialty Director for Occupational Medicine.

**Core Training**

The four-year training programme should contain the following:

- **A minimum of 18 months** in an industrial sector (i.e., heavy, and light industry, engineering, electronics, manufacturing, pharmaceutical, chemical, transport etc.).
- **A minimum of 1 year** in the service sector (i.e., healthcare, financial services, insurance, office environment etc) and must include experience in the health service.

The occupational health units which provide training posts must be recognised by the Faculty of Occupational Medicine and ICHMT as suitable for HST. Trainees will be required to have work experience in units that offer a wide range of exposure to the various elements of the training curriculum for Occupational Medicine.

Time spent in overseas training posts in Occupational Medicine outside Ireland may be recognised provided that such posts and the content of the training and level of supervision they provide meets the requirements for HST as required by the Faculty of Occupational Medicine and ICHMT and prospective approval has been sought to undertake such training. Three out of five days training, at a minimum, will be spent at the occupational health unit and on-site visits and assessments. The remaining time will be dedicated to FOM/ICHMT approved attachments. All time spent out of the training practice must be agreed in advance with the Trainer. Any time in excess of the three days minimum, for which attachments have not been arranged, must be spent in the training practice. The SpR is normally expected to have 1 half day per week, outside of the 3-day practice minimum, as protected time during which they should not be rostered. This is to allow time for personal study and will be considered part of the SpR's educational leave entitlement. It is recommended that a 2nd half day per week be allocated to the pursuit of formal research which will usually be conducted in the unit.

The Trainee is encouraged to sit the examination of Licentiate of the Faculty of Occupational Medicine (LFOM) of the Royal College of Physicians of Ireland (RCPI) at the end of year two. The Trainee will normally be expected by the end of year 3 to have attained the Diploma of Membership of the Faculty of Occupational Medicine (MFOM) of the RCPI enabling them to demonstrate that they have a broad understanding of occupational medical issues and their application in practice.

Trainees must spend the first two years of training in HST clinical posts in Ireland. The programme aims to be flexible in terms of sequence of training after this time. The first two years are directed towards acquiring a broad general experience of Occupational Medicine under appropriate supervision. An increase in the content of hands-on experience follows naturally and, as confidence is gained and abilities are acquired, the Trainee will be encouraged to assume a greater degree of responsibility and independence.

**Out of Clinical Programme Experience (OCPE)**

Trainees can undertake one, or more years out of their HST programme to pursue research, further education, special clinical training, lecturing experience, or other relevant experiences.

OCPE must be preapproved, and retrospective credit cannot be applied.

It must be noted that even if Trainees can undertake more than one year to complete their OCPE of choice, RCPI would award a maximum of 12 months of training credits towards the achievement of CSCST. In certain circumstances, RCPI may award no credits. The decision of whether to award credits

for one year may differ from specialty to specialty and it is discretionary by the NSDs of each respective specialty.

For more information on OCPE, please refer to the RCPI website (here).

**Training Principles**

During the period of training the Trainee must take increasing responsibility for seeing patients, making decisions, and operating at a level of responsibility which would prepare him/her for practice as an independent Specialist. New patients should be seen throughout the training period under suitable supervision and the consultant Trainer should review consultations directly with the Trainee. Supervision should be particularly close during the first one or two years. Over the course of HST, Trainees are expected to gain experience in a variety of settings, including regional posts. At the start of each post, fill out a Personal Goals form with their Trainer and upload it on ePortfolio; the form should be agreed and signed by both Trainee & Trainer.

**Core Professional Skills**

Generic knowledge, skills and attitudes support competencies that are common to good medical practice in all of the medical and related specialties. It is intended that all Trainees should re-affirm those competencies during Higher Specialist Training. No timescale of acquisition is imposed, but failure to make progress towards meeting these important objectives at an early stage would cause concern about a Trainee's suitability and ability to become an independent specialist.

**Recording of Evidence of Training**

The target numbers for training items in the following sections represent the recording requirement to document evidence of relevant and varied clinical experience; it is understood that actual number of training experiences is likely to be well in excess of these numbers.

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## Clinics & Training Activities

Attendance at Occupational Health Clinics are required elements of all posts throughout the programme. The timetable and frequency of attendance should be agreed with the assigned Trainer at the beginning of the post.

This table provides an overview of the expected experience a Specialist Registrar in Occupational Medicine should gain regarding clinics attendance, and other training activities. All these activities should be recorded on ePortfolio using the respective form.

The numbers specified in the table are indicative and should provide the Trainee with an indication of frequency for each training activity. The Trainee is recommended to exceed these numbers and to seek advice from their Trainer to agree the frequency to their training requirements.

| **CLINICS** | | |
|---|---|---|
| **Clinic** | **Expected Experience** | **ePortfolio Form** |
| General Occupational Medicine | Attend at least 5 per week, record attendance | Clinics |
| Specialised Occupational Medicine Clinics e.g., **including but not limited to:**<br>• Aviation Medicine<br>• Diving Medicine<br>• Occupational Dermatology<br>• Occupational Respiratory Medicine<br>• Occupational Musculoskeletal Disorders | Attend at least 1 per week where possible and as agreed with Trainer, record attendance | Clinics |
| **PROCEDURES, PRACTICAL/SURGICAL SKILLS** | | |
| **Type** | **Expected Experience & DOPS** | **ePortfolio Form** |
| Keystone vision test | Record at least 2 over the course of HST, and **at least 1 DOPS assessment** over the course of HST | Procedures, Skills & DOPS |
| Spirometry | Record at least 2 over the course of HST, and **at least 1 DOPS assessment** over the course of HST | Procedures, Skills & DOPS |
| Audiometry | Record at least 2 over the course of HST, and **at least 1 DOPS assessment** over the course of HST | Procedures, Skills & DOPS |
| Drug testing procedures, chain of custody etc | Record at least 2 over the course of HST, and **at least 1 DOPS assessment** over the course of HST | Procedures, Skills & DOPS |
| Breath Test for Alcohol | Record at least 2 over the course of HST, and **at least 1 DOPS assessment** over the course of HST | Procedures, Skills & DOPS |
| Immunisation | Record at least 2 over the course of HST | Procedures, Skills & DOPS |
| Use of HADS or similar tools | Record at least 2 over the course of HST | Procedures, Skills & DOPS |
| Observe a training event | Record at least 2 over the course of HST | Procedures, Skills & DOPS |
| Ergonomic assessment of workstation | Record at least 2 over the course of HST | Procedures, Skills & DOPS |
| **CASES** | | |
| **Type** | **Expected Experience** | **ePortfolio Form** |
| Record a range of chronic/unusual/long term cases | Record at least 4 over the course of HST | Cases |

| MANAGEMENT/ENVIRONMENTAL/HEALTH POMOTION/MISCELLANEOUS | | |
|---|---|---|
| **Type** | **Expected Experience** | **ePortfolio Form** |
| Design protocol for biological monitoring programme | Record at least 1 over the course of HST | Policies & Guidelines |
| Develop a standard operating procedure (SOP) | Record at least 1 over the course of HST | Policies & Guidelines |
| Presentation on an aspect of health promotion | Record at least 1 over the course of HST | Policies & Guidelines |
| Design and deliver a training event | Record at least 1 over the course of HST | Policies & Guidelines |
| Update a departmental policy | Record at least 1 over the course of HST | Policies & Guidelines |
| **INDUSTRIAL ATTENDANCES/WORKSITE VISITS/SPECIAL CASES** | | |
| **Type** | **Expected Experience** | **ePortfolio Form** |
| Work site visits | Record at least 20 over the course of HST | Clinical & Other Liaisons |
| Effect of work on health | Record at least 1 over the course of HST | Clinical & Other Liaisons |
| Effect of health on work | Record at least 5 over the course of HST | Clinical & Other Liaisons |
| **MANAGEMENT EXPERIENCE** | | |
| **Type** | **Expected Experience** | **ePortfolio Form** |
| Management Experience | Record at least 1 over the course of HST (Desirable) | Management Experience |

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## Participation in Learning & In-House Activities

Trainees are expected to attend a series of in-house commitments as follows:

- Attend **Grand Rounds** where available over the course of HST
- Attend at least **1 Journal Club per month** per each year of HST
- Attend **Departmental Meetings as scheduled** over the course of HST
- Attend and participate in a variety of learning experiences including but not limited to seminars, lectures, case discussions, case conferences etc… (1 per month over the course of HST)

## Research, Audit & Teaching Experience

Trainees are expected to complete the following activities:

- Engage in **Teaching opportunities where possible** (to include tutorials, lectures, presentations, workplace sessions, etc.) per each year of HST
- Complete **1 Audit or Quality Improvement Project**, per each year of HST
- Attend **1 National or International Meeting** (FOM, ISOM, RCPI) per each year of HST
- Deliver **1 Oral presentation or Poster / 1 research project and/or 1 publication** over the course of HST

In addition, it is desirable, but not expected that Trainees attempt to:

- Complete, **1 research project and/or 1 publication** over the course of HST
- Attend **Committee Meetings** over the course of HST
- Pursue **additional qualification relevant to Occupational Medicine** over the course of HST

## Teaching Attendance

Trainees are expected to attend the majority of the courses and study days as detailed in the Teaching Appendix, at the end of this document.

## Evaluations, Examinations & Assessments

Trainees are expected to:

- Complete personal goals evaluation at the start of each clinical training year, targeting training opportunities that are available at each clinical site, and focusing on personal development and completion of ePortfolio.
- Complete **4 quarterly assessments per training year** (1 assessment per quarter)
- Complete **1 end of post evaluation at the end of each post** (this can replace the quarterly assessment in happening at the end of a post)
- Complete **1 end of year evaluation at the end of each training year**
- Successfully pass both the **Licentiate of Faculty of Occupational Medicine (LFOM)** and **Membership of Faculty of Occupational Medicine (MFOM) Examinations.** You should aim to sit the LFOM at the end of your second year of HST and you are expected to obtain the MFOM by the end of your third year.
- Complete all the **workplace-based assessments** as appropriate, and as agreed with Trainer. It is recommended to **record at least 1 WBA** (CBD, MiniCEX, or DOPS) **per quarter** to be reviewed at the Quarterly Assessment.

For more information on evaluations, assessment, and examinations, please refer to the Assessment Appendix at the end of this document.

## Summary of Expected Experience

| Experience Type | Trainee is Expected to | ePortfolio Form |
|---|---|---|
| **Rotation Requirements** | Complete all requirements related to the posts agreed | n/a |
| **Personal Goals** | At the start of each post complete a Personal Goals form on ePortfolio, agreed with Trainer and signed by both Trainee & Trainer | Personal Goals |
| **Clinics** | Attend Occupational Medicine Outpatient and Subspecialty Clinics as indicated above and as agreed with Trainer. Record attendance per each post on ePortfolio | Clinics |
| **Complicated/Chronic/Unusual Cases** | Gain experience in complicated cases as indicated above an as agreed with Trainer. Record cases on ePortfolio | Cases |
| **Procedures, Practical/Surgical Skills** | Gain experience in procedural, practical skills as indicated above an as agreed with Trainer. Record experience on ePortfolio | Procedures, Skills & DOPS |
| **Additional/Special Experience** | Gain additional/special experience as indicated above an as agreed with Trainer. Record cases on ePortfolio | Cases |
| **Management Experience** | Gain experience in clinical management and leadership functions as agreed with Trainer. Record attendance per each post on ePortfolio | Management Experience |
| **Deliver Teaching** | Record on ePortfolio episodes where you have delivered a range of teaching, including but not limited to, tutorials, lectures, presentations, worksite sessions, etc.. | Delivery of Teaching |
| **Research** | Desirable Experience: actively participate in research, seek to publish a paper and present research at conferences or national/international meetings | Research Activities |
| **Publication** | Desirable Experience: complete 1 publication during the training programme | Additional Professional Activities |
| **Presentation** | Deliver 1 oral presentation or poster over the course of HST. | Additional Professional Activities |
| **Audit** | Complete and report on 1 audit or Quality Improvement (QI) Project per each year of training, either to start, continue or complete | Audit and QI |
| **Attendance at Hospital Based Learning** | Attend Grand Rounds where available. Attend MDT/Departmental Meetings/Journals Clubs and record appropriately | Attendance at Hospital Based Learning |
| **National/International Meetings** | Attend 1 per year of training. Record attendance on ePortfolio | Additional Professional Activities |
| **Teaching Attendance** | Attend courses and Study Days as detailed in the Teaching Appendix. Record attendance on ePortfolio | Teaching Attendance |
| **Workplace-based Assessments** | Complete all the workplace-based assessments as outlined above and as agreed with Trainer. Aim to complete 1 WBA per quarter. Record respective form on ePortfolio | CBD / DOPS / Mini-CEX |
| **Examinations** | Successfully complete both the LFOM & MFOM examinations. | Examinations |
| **Quarterly and/or End-of-Post Evaluations** | Complete a Quarterly Assessment/End of post assessment with Trainer 4 times in each year. Discuss progress and complete the form | Quarterly Assessments/End-of-Post Assessments |
| **End of Year Evaluation** | Prepare for the End of Year Evaluation by ensuring the portfolio is up to date and the End of Year Evaluation form is initiated with the assigned Trainer | End of Year Evaluation |

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# CORE PROFESSIONAL SKILLS

*This section includes the Irish Medical Council guidelines for medical professional conduct.*

*The Medical Council has defined **eight domains of good professional practice**.*

*These domains describe a framework of competencies applicable to all doctors across the continuum of professional development from formal medical education and training through to maintenance of professional competence. They describe the outcomes which doctors should strive to achieve and doctors should refer to these domains throughout the process of maintaining competence.*

*These principles are woven into training practice and feedback is formally provided in the Quarterly Assessments, End of Post, and End of Year Evaluation.*

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# Core Professional Skills

The Core Professional Skills (CPS), updated in 2026, define the standards of professional practice expected of all doctors in postgraduate training across RCPI specialties. Aligned with the *Eight Domains of Good Professional Practice* (**Irish Medical Council, 2024**), they provide the standards of practice across the continuum of professional development, from formal medical education and training through the maintenance of professional competence.

The CPS are embedded within the formal structures of training and are developed through clinical practice, workplace-based learning, supervision, and structured educational activity. CPS are assessed through workplace-based assessment, quarterly assessments, and ePortfolio evidence, ensuring that Trainees embed professionalism in their practice. Within this, the RCPI Taught Programme provides structured educational content through which CPS standards are addressed and contextualised across all levels of training.

Within each domain identified by the Medical Council, the cross-speciality RCPI Clinical Working Group has articulated key areas of professional practice and relevant expectations for training. Collectively, the domains support professionalism as a core component of safe, effective, and patient-centred care.

## 1 Patient Safety and Quality of Patient Care

Doctors must place patient safety and quality of care at the centre of practice, ensuring accountability to patients, their profession, and their organisation. This requires addressing risks, managing incidents, preventing infection, and driving continuous improvement within governance and ethical standards. By embedding safety and accountability into practice, doctors protect patients from preventable harm, strengthen trust, and uphold professional integrity.

### Quality Improvement

- Apply quality improvement methods (e.g., audit, evaluation) to monitor and enhance care.
- Analyse and interpret patient, staff, and system data to inform service improvements.

### Patient Safety and Incident Management

- Apply safe practices in prescribing, procedures, referrals, infection prevention and control, care transitions, and near-patient diagnostics.
- Identify, escalate, and report risks, incidents, near-misses, and notifiable events in line with statutory and professional duties.
- Participate in open disclosure after adverse events, in line with statutory duty.

### Infection Prevention and Control

- Implement evidence-based infection prevention and control, including hand hygiene, aseptic technique, safe PPE use, and safe management of medical devices and clinical environments.

### System Safety and Governance

- Demonstrate understanding of local governance structures, reporting systems, and escalation pathways.
- Recognise and escalate organisational or service barriers (e.g., unsafe premises, processes, or systems) that compromise patient safety or timely access to care.

### Antimicrobial Resistance

- Understand behavioural, social, environmental, and geographic drivers of antimicrobial resistance in clinical decision-making.

## 2 Relating to Patients

Doctors must foster respectful, person-centred clinical relationships that uphold patient autonomy, dignity, and trust. This requires clear communication, protection of confidentiality, and supporting informed consent, while recognising individual needs and potential barriers to care. By practising with fairness and shared responsibility, doctors enable patients to participate meaningfully in decisions about their care and contribute to safer, more equitable outcomes.

### Person-Centred Care

- Deliver care that upholds dignity, autonomy, and individual preferences, considering cultural context and social determinants of health.
- Communicate clearly and accessibly, adapting to patients' language, literacy, cognitive ability, and circumstances.

### Confidentiality

- Protect confidentiality across all communications, applying data-protection legislation and managing required disclosures appropriately.
- Explain limits to confidentiality where required (e.g. safeguarding, public health, or legal duties).

### Informed Consent and Shared Decision-Making

- Assess capacity and ensure discussions allow sufficient time to explain risks, benefits, and alternatives, and, where relevant, the purpose and implications of complex or sensitive procedures (e.g., genetic testing).
- Support patient autonomy through informed consent and shared decision-making, respecting valid Advance Healthcare Directives when capacity is lacking.
- Identify, address or escalate cultural and social barriers to participation in healthcare decisions.

### Information and Care Navigation

- Provide clear, balanced, and evidence-based information to help patients understand their care options, make informed decisions, and access appropriate services or supports.
- Coordinate referrals and share relevant information to support continuity and navigation of care pathways.

### Relationships and Boundaries

- Build respectful relationships with patients while maintaining professional boundaries.
- Be clear about the limits of competence and refer patients when required.

### Health Promotion and Preventive Care

- Provide evidence-based health promotion and preventive care advice, tailored to individual risk factors.

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## 3 Communication and Interpersonal Skills

Doctors must communicate clearly, compassionately, and safely with patients, families, and colleagues to support trust, understanding, and shared decision-making. This requires adapting communication to meet individual needs, handling challenging conversations with sensitivity, upholding professional boundaries, and ensuring accuracy in records, correspondence, and handovers. By communicating effectively across all settings, doctors reduce risk, ensure patient understanding, and promote safe, coordinated care.

### Clinical Communication and Documentation

- Take accurate, structured histories and explain diagnoses, care plans, and clinical decisions with clarity and empathy.
- Apply handover protocols to ensure safe care transitions.
- Maintain complete, timely, and legible documentation to support continuity, safety, and compliance

### Patient Communication and Comprehension

- Confirm and document patient understanding of information shared, including risks, benefits, alternatives, and limitations.
- Apply health literacy principles across verbal, written, digital, and visual formats.
- Deliver difficult news clearly and with empathy.
- Adapt communication to patient capacity, language, literacy, cognitive ability, or culture, involving interpreters, advocates, or supports (e.g., written materials) as required.

### Safeguarding

- Conduct safeguarding discussions respectfully, protecting dignity, confidentiality, and legal compliance.
- Escalate safeguarding concerns through appropriate channels.

### Complaints and Regulatory Communication

- Respond promptly and professionally to patient complaints and enquiries.
- Reduce complaint risk through clear communication, accurate records, and timely follow-up.
- Engage constructively with organisational and regulatory complaint processes and contribute to service learning.

### Open Disclosure

- Participate in supervised open disclosure discussions after adverse events using honest, transparent, and compassionate communication, in line with statutory and professional standards.

### Team Dialogue

- Engage in respectful and constructive dialogue with colleagues to support shared understanding and safe decisions.
- Identify and escalate communication breakdowns that may compromise patient safety.

## 4 Collaboration and Teamwork

Doctors must work collaboratively with colleagues across disciplines and services to deliver safe, coordinated, and high-quality care. This requires contributing to shared decisions, respecting team roles, and maintaining open and constructive communication. By promoting collaboration and teamwork, doctors strengthen service delivery, promote shared accountability, and foster continuous improvement in team-based care.

### Governance and Organisational Awareness

- Understand local governance and leadership structures relevant to your role, including responsibilities and lines of accountability.
- Raise clinical, safety, resource, or organisational concerns through appropriate channels in line with governance and escalation policies

### Team Coordination and Integrated Care

- Build effective working relationships with interprofessional teams, recognising the roles of all members.
- Share accountability for decision-making and care coordination, recognising the risks of fragmentation.
- Ensure continuity of care by providing timely, accurate discharge summaries.

### Organisational Leadership and Team Culture

- Contribute to leadership by facilitating shared decision-making, coordinating care, and supporting junior colleagues.
- Foster psychological safety by promoting respectful communication, shared learning, and open dialogue.
- Manage conflict to support respectful, functional, and safe team environments.

### Team Learning and Development

- Engage in structured team-based learning (e.g., case reviews, safety forums), to inform service improvement and professional development.
- Provide and receive feedback constructively to support team development and patient care quality.

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## 5 Management (Including Self-Management)

Doctors must manage workload, time, and personal wellbeing to ensure safe and effective clinical practice. This requires prioritising tasks, recognising limits, escalating concerns appropriately, and engaging constructively with organisational systems and processes. By balancing personal capacity with service demands, doctors protect patients from harm, prevent burnout, and support the safe and sustainable delivery of healthcare.

### Health, Wellbeing, and Development

- Monitor personal health and performance, recognising fatigue or burnout, and seek support when needed.
- Set and review professional development goals informed by reflection, supervision, and feedback.

### Workload and Task Management

- Prioritise tasks to deliver timely, safe, and effective care.
- Coordinate rotas, leave, handovers, and cover to maintain service continuity.
- Communicate availability and scheduling clearly to colleagues.

### Administrative Competence

- Complete documentation and administrative tasks accurately and on time.
- Engage with training and professional development, including preparation, participation, and submission of required materials.
- Fulfil supervisory and/or line-management responsibilities where appropriate (e.g., supporting colleagues, approving leave, and contributing to performance assessments).
- Use operational tools (e.g., rotas, workflows, IT systems) effectively to support safe and coordinated care.

### Sustainability and Environmental Stewardship

- Order, prescribe, investigate, and deliver care responsibly, ensuring clinical necessity while adopting resource-conscious and sustainable approaches.
- Be aware of organisational sustainability initiatives (e.g., green prescribing, waste reduction).

### Systems and Safety Engagement

- Recognise how system pressures (e.g. staffing levels) affect patient safety.
- Contribute to local safety monitoring, governance, and service improvement activities within role and training scope.

## 6 Scholarship

Doctors should maintain and advance their professional competence through lifelong learning, supervision, reflection, teaching, and research. This requires engaging critically with evidence, translating learning into practice improvement, and contributing to the education and development of colleagues. By integrating inquiry, reflection, and shared learning into their work, doctors strengthen decision-making, enhance patient safety, and uphold professional standards.

### Evidence-Based Practice

- Apply research evidence, guidelines, and clinical data appropriately to inform patient care.
- Use audit, service evaluation, and quality improvement data to evaluate and improve practice.

### Lifelong Learning and Scope of Practice

- Comply with training and development requirements within your training programme (e.g., maintaining your ePortfolio).
- Set and evaluate learning goals informed by reflection, feedback, and supervision.
- Use insights from audits, reviews, and adverse events to improve practice.
- Recognise limits in knowledge or skill and seek supervision or escalate when required.

### Teaching and Role Modelling

- Teach, supervise, and support colleagues and teams using effective communication and evidence-based practice.
- Share clinical knowledge to strengthen team learning and service improvement.
- Model professionalism, clinical integrity, critical thinking and reflective practice in everyday work.

### Research and Dissemination

- Undertake audit, research, or service evaluation, disseminating and communicating findings through professional or academic channels.
- Comply with legal, institutional, and ethical standards in research activities.

### Innovation and Digital Literacy

- Apply health informatics, telehealth, and emerging technologies with attention to safety, evidence base, and ethical considerations.
- Evaluate risks, benefits, and limitations of digital innovations, including AI, to ensure safe and effective patient care.

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## 7 Professionalism

Doctors must uphold integrity, accountability, and respect in all aspects of clinical care, leadership, and professional practice. This requires complying with legal and regulatory duties, maintaining confidentiality and professional boundaries, and acting with fairness in healthcare delivery. By modelling professionalism, doctors build trust, protect patients, and promote safe, inclusive healthcare systems.

### Statutory and Ethical Duties

- Comply with legal and regulatory requirements, reporting unsafe or unprofessional behaviours, and engaging with investigations and complaints.
- Fulfil safeguarding duties, including mandatory reporting of child protection and vulnerable adult concerns.
- Uphold professional boundaries across all settings to protect patient dignity, autonomy, and trust.
- Protect patient data in line with GDPR and professional standards.
- Declare and transparently manage conflicts of interest in clinical, research, and public activities.

### Resource Use and Stewardship

- Use diagnostic, prescribing, and other clinical resources responsibly and fairly, ensuring clinical justification.
- Integrate sustainability principles into practice, balancing immediate patient needs with long-term system and environmental responsibility.

### Advocacy, Equity and Fair Practice

- Treat patients and colleagues with dignity and respect, ensuring care is free from discrimination.
- Advocate for fair access to, and equitable experience within, healthcare by recognising and addressing diverse needs and social or structural barriers, inclusive of disability and socioeconomic disadvantage.

### Antimicrobial Stewardship

- Prescribe antimicrobials responsibly, selecting agents, dosing, and duration appropriately.
- Participate in stewardship initiatives, such as audits, surveillance, and outbreak management.

### Professional Leadership and Accountability

- Represent the profession with integrity, modelling leadership that promotes a culture of safety, openness, and professional accountability.
- Take responsibility for patient safety by identifying and escalating risks, and contributing to learning (e.g., AAR, NIMS).
- Manage personal or team workload pressures, escalating where necessary to maintain safe practice.
- Recognise and respond to signs of stress or impaired performance in self and colleagues, addressing appropriately to safeguard wellbeing and team function.

### Public and Online Professional Conduct

- Uphold professional standards in all online and social media activity, recognising that the same expectations apply as in face-to-face communication.
- Maintain patient confidentiality and clear boundaries, separating personal and professional use, and directing patient contact through formal channels.
- Ensure that public communications are accurate, evidence-based, and compliant with regulatory standards.

## 8 Clinical Skills

Doctors must maintain and apply clinical skills that enable safe, accurate, and effective assessment, diagnosis, and treatment across all stages of patient care. This requires integrating patient history, examination findings, investigations, and patient context to inform clinical reasoning, safe prescribing, and appropriate escalation or referral. By applying these skills responsibly, doctors support patient safety, ensure continuity of care, and deliver high-quality outcomes across healthcare settings. This Domain addresses the professional and ethical responsibilities that underpin the safe application of practice, complementing specialty-specific technical competencies.

### Assessment and Reasoning

- Conduct comprehensive assessments, with consent, integrating history, examination, investigations, and patient context.
- Apply structured reasoning to generate differential diagnoses and safe management plans, using evidence and guidelines.
- Recognise uncertainty, limits of competence, or impaired performance, and escalate or seek supervision when required.
- Take account of the patient's psychological, social, and contextual factors where clinically relevant to safe decision-making.
- Use digital tools responsibly to support assessment, decision-making, and care delivery.

### Transfer of Care

- Refer or transfer patients as required, contributing to collaboration, coordination, and continuity across services.

### Records and Communication

- Maintain accurate and timely records and correspondence to support safe handover, discharge, and care transitions, complying with legal and data protection standards.

### Complex Care Planning

- Initiate and participate in discussions regarding high-risk or complex care, including end-of-life care and advanced planning, ensuring shared decision-making.
- Provide person-centred care for patients with life-limiting illness, including pain and symptom control, and family support.

### Safe Prescribing

- Prescribe safely and appropriately, selecting the correct drug, dose, route, and duration, and ensure monitoring or handover where required.

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# SPECIALTY SECTION – OCCUPATIONAL MEDICINE TRAINING GOALS

*This section includes the Occupational Medicine Training Goals that the Trainee should achieve by the end of the Higher Specialist Training.*

*Each Training Goal is broken down into specific and measurable Training Outcomes.*

*Under each Outcome there is an indication of the suitable and recommended training/learning opportunities and assessment methods.*

*In order to achieve the Outcomes it is recommended to agree on the most appropriate type of training and assessment methods with the assigned Trainer.*

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## Training Goal 1 – Assessment & Management of Occupational Hazards to Health

**By the end of Occupational Medicine Training**, the Trainee is expected to demonstrate competence in the assessment and management of common presentations of Occupational Health Disorders.

### Outcome 1 – History taking

A Trainee should be able to obtain and collate a comprehensive clinical history including detailed occupational history, and examination where indicated, of common presentations to Occupational Health.

**Assessment/learning opportunities**

- Clinics attendance
- Feedback Opportunity
- Case Based Discussion (CBD) or Mini-CEX, as appropriate and as agreed with Trainer
- OSPE section of Membership of Faculty of Occupational Medicine (MFOM) Exam

### Outcome 2 – Occupational medicine report writing

A Trainee should be able to construct a report to management considering confidentiality issues particular to Occupational Medicine.

**Assessment/learning opportunities**

- Feedback Opportunity
- Review of reports to management with Trainer-Trainee feedback, "SAILs" (Sheffield Assessment Instrument for Letters)
- OSPE section of MFOM Exam

### Outcome 3 – Assessments of work environment

A Trainee should be able to identify when a work site visit is indicated, conduct a work site visit and writing up a report following same, with relevant recommendations to management.

**Assessment/learning opportunities**

- Work site visits
- Feedback Opportunity
- Trainer-Trainee feedback on work site visit reports
- Workplace Projects section of MFOM Portfolio Exam

### Outcome 4 – Clinical investigations in occupational medicine

A Trainee should be able to identify relevant investigations, indications for same, and the ability to interpret the results and implications of these results, including informed consent. Clinical investigations to include but not limited to Spirometry, Audiometry, Vision (including colour vision), serology (vaccinations and IGRA), Chest X-Ray, Drug and Alcohol testing, (including Chain of Custody).

**Assessment/learning opportunities**

- Clinics attendance
- Feedback Opportunity
- DOPS, as appropriate and as agreed with Trainer
- MRO (Medical Review Officer) study day
- Spirometry and audiometry study day
- RCPI HST Ethics in Occupational Medicine programme
- OSPE section of MFOM Exam

### Outcome 5 – Formulating a return to work / rehabilitation plan

A Trainee should be able to formulate a return to work/rehabilitation plan, considering Occupational Health Law and Ethics.

**Assessment/learning opportunities**

- Feedback Opportunity
- Case-based discussion (CBD), as appropriate and as agreed with Trainer
- RCPI HST Ethics in Occupational Medicine programme
- Clinical cases section of MFOM Portfolio Exam

### Outcome 6 – Pre-placement health assessment

A Trainee should be able to demonstrate the ability to establish a prospective employee's fitness for proposed role, including their ability to offer regular and effective attendance considering relevant pre-existing and current health conditions and workplace risks.

**Assessment/learning opportunities**

- Feedback Opportunity
- Case-based discussion (CBD), as appropriate and as agreed with Trainer
- RCPI HST Ethics in Occupational Medicine programme
- Clinical cases section of MFOM Portfolio Exam

### Outcome 7 – Occupational infections

A Trainee should be able to demonstrate in-depth knowledge of occupational infections and the role of Occupational Medicine in the management of workplace factors associated with occupational infections, including risk assessments. The Trainee should also demonstrate experience of working with other disciplines on overlapping issues including TB, HIV, Hepatitis B and C.

**Assessment/learning opportunities**

- Feedback Opportunity
- Case-based discussion (CBD), as appropriate and as agreed with Trainer
- Self-assessment tool for occupational blood exposures
- Clinical cases section of MFOM Portfolio Exam
- OSPE section of MFOM Exam
- MDT

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## Training Goal 2 – Occupational Toxicology, Chemical & Biological Hazards to Health

**By the end of Occupational Medicine Training**, the Trainee is expected to demonstrate competence in applying the principles of human toxicology in the Occupational Medicine setting and relate these principles to the role of Occupational Hygiene, biological monitoring, and health surveillance in Occupational Medicine.

### OUTCOME 1 – PRINCIPLES OF HUMAN TOXICOLOGY

A Trainee should be able to demonstrate in-depth knowledge of the toxicology of organic and non-organic compounds, of heavy metals, workplace carcinogens, workplace mutagens and reproductive hazards, dose-response curves, biological monitoring, and health surveillance.

**Assessment/learning opportunities**

- Feedback Opportunity
- Lecture/tutorial/study day on the principles of human toxicology
- MCQ section of LFOM/MFOM Exam

### OUTCOME 2 – TOXICOLOGICAL TESTING METHODS

A Trainee should be able to demonstrate an understanding of toxicological testing including in vitro, in vivo and in silico test methods.

**Assessment/learning opportunities**

- Feedback Opportunity
- Lecture/tutorial/study day on the principles of human toxicology
- MCQ section of LFOM/MFOM Exam

### OUTCOME 3 – PRACTICAL APPLICATION OF TOXICOLOGICAL PRINCIPLES

A Trainee should be able to apply the principles of human toxicology in the Occupational Medicine setting.

**Assessment/learning opportunities**

- Case-based discussion (CBD), as appropriate and as agreed with Trainer
- Interpretation of Material Safety Data Sheets (MSDS), Occupational Hygiene report, results of biological monitoring report.
- Risk assessments of toxicological exposure, including assessment of reproduce risk and Pregnancy Risk Assessment
- Walk-through surveys
- OSPE section of MFOM Exam

### OUTCOME 4 – RELATE TOXICOLOGICAL PRINCIPLES TO REAL-WORK SETTING

A Trainee should be able to relate toxicological principles to the role of Occupational Hygiene, biological monitoring, and health surveillance in Occupational Medicine and apply this in a real work setting.

**Training/learning opportunities**

- Feedback Opportunity
- Design a health surveillance or biological monitoring programme.
- Develop a communication strategy to explain the rationale and potential risks to the employer and employees.
- Workplace Projects section of MFOM Portfolio Exam

# Training Goal 3 – Management & Leadership

**By the end of Occupational Medicine Training**, the Trainee is expected to demonstrate an understanding of the principles and practices of management in a range of workplace settings, both the public and private Occupational Health sector, and the role of Clinical Governance. Trainees should demonstrate leadership in the field of Occupational Medicine in years 3 and/or 4.

## Outcome 1 – Communication with team members, business clients and management

A Trainee should be able to demonstrate the ability to communicate effectively and sensitively with patients, clients, and with professional colleagues in different situations.

**Assessment/learning opportunities**

- Feedback Opportunity
- Management team meetings
- Departmental meetings
- Committee membership
- RCPI HST Mastering Communication
- Report Writing section of MFOM Exam

## Outcome 2 – Leadership

A Trainee should take on a leadership role in the later stages of training, such as membership of policy and guideline development committees, represent the board on external committees, lead a departmental quality improvement or change project.

**Assessment/learning opportunities**

- Feedback Opportunity
- Case-based discussion (CBD), as appropriate and as agreed with Trainer
- RCPI HST Leadership in Clinical Practice
- SpR Representative
- Committee Membership
- Performing Audit/QI
- End of year evaluation

## Outcome 3 – Quality Improvement

A Trainee should demonstrate competence in conducting clinical audit or quality improvement relevant to Occupational Medicine practice.

**Assessment/learning opportunities**

- Feedback Opportunity
- RCPI HST Performing Audit
- Conduct clinical audit/QI project
- Workplace Projects section of MFOM Portfolio Exam

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### Outcome 4 – Running a business

A Trainee should demonstrate an understanding of the complexities of running an Occupational Health business in the private sector. This should include contract management, GDPR legislation, differing client needs and agreements, financial aspects of running a business.

**Assessment/learning opportunities**

- Feedback Opportunity
- Attend Management team meetings
- "Running a business" study day
- End of year evaluation

### Outcome 5 – Running a Department – public sector

A Trainee should be able to demonstrate an understanding of the complexities of running an Occupational Medicine Department in the Public Sector.

**Assessment/learning opportunities**

- Feedback Opportunity
- Attend Departmental meetings
- Attend Management team meetings
- Committee membership
- Policy development (departmental and national)
- RCPI HST Leadership in Clinical Practice
- End of year evaluation

### Outcome 6 – Conflict Management/Team working

A Trainee should be able to demonstrate the ability to work as part of a team, to address conflict in a timely and professional manner and seek senior support where appropriate.

**Assessment/learning opportunities**

- Feedback Opportunity
- Case-based discussion (CBD), as appropriate and as agreed with Trainer
- Case discussions/presentations
- RCPI HST Leadership in Clinical Practice
- End of year evaluation

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## Training Goal 4 – Ergonomics, Health Promotion & Organisational Psychology

**By the end of Occupational Medicine Training**, the Trainee is expected to demonstrate knowledge and application of the principles of ergonomics to occupational and environmental medicine. They must also demonstrate an ability to assess the need for, organise, deliver, and evaluate health promotion in a range of work environments. The Trainee is also expected to utilise knowledge of organisational psychology principles in day-to-day clinical practice in the management of workplace problems.

### Outcome 1 – Ergonomics

A Trainee should be able to demonstrate knowledge and understanding of the principles of good ergonomics including physical and psychological factors, the adverse health effects of exposure to ergonomic hazards, and be able to identify when an interventional ergonomics assessment is indicated. This should include knowledge of relevant legislation, as well as familiarity with relevant assessment tools e.g., RIBA / RULA / ART / MAC etc.

**Assessment and learning opportunities**

- Feedback Opportunity
- Workplace Based Assessment (Mini-CEX or CBD) as indicated by Trainer
- Case discussions/presentations
- Site visits
- Study days where appropriate

### Outcome 2 – Health Promotion

A Trainee should be able to demonstrate knowledge and understanding of Health Promotion in the workplace, including the components of health and wellbeing in the workplace, the structuring of and measuring outcomes of a workplace health promotion programme, and the role of occupational health in workplace health promotion.

**Assessment/learning opportunities**

- Feedback Opportunity
- Committee membership/policy development group membership
- HSeLanD "Make every contact count" course
- NICE guidelines evidence-based guidelines for employers, healthy workplaces, promoting mental health wellbeing at work, promoting physical activity at work
- Healthy Ireland at Work: A National Framework for Healthy Workplaces in Ireland 2021-2025
- End of year evaluation

### Outcome 3 – Organisational Psychology

A Trainee should be able to demonstrate knowledge and understanding of Organisational Psychology including Organisational Workplace Psychosocial hazards, relevant legislation, codes of practice, Management standards, and the role of occupational health in the prevention and management of organizational and psychosocial hazards issues in the workplace. This should include assessing fitness as it relates to engagement in appropriate employee relations or management resolution processes and how to communicate this effectively with HR/management/the organisation.

**Assessment/learning opportunities**

- Feedback Opportunity
- Case-based discussion (CBD), as appropriate and as agreed with Trainer
- Case management conferences
- Study days where appropriate
- End of year evaluation

# Training Goal 5 – Research & Evidence Based Practice

**By the end of Occupational Medicine Training**, the Trainee is expected to demonstrate and understanding of the epidemiology of work exposures and disease and injury in the workplace and apply this in everyday practice.

## Outcome 1 – Critical Appraisal and Evidence Based Practice

A Trainee should be able to critically assess relevant literature in support of their everyday practice; this should include an understanding of statistical terminology – odds ratio, relative risk, bias, chance, confounding, causality.

**Assessment/learning opportunities**

- Feedback Opportunity
- Journal Clubs
- Critical appraisal/evidence-based practice workshop/study day
- MFOM Exam, critical appraisal paper
- MCQ section of MFOM Exam

## Outcome 2 – Occupational Epidemiology

A Trainee should be able to apply the principles of occupational epidemiology in relation to workplace injury, work related disease (asbestos-related disease, noise induced hearing loss, dermatitis, respiratory disease, HAVS, occupational cancers)

**Assessment/learning opportunities**

- Feedback Opportunity
- Case-based discussion (CBD), as appropriate and as agreed with Trainer
- Journal Club
- Study days where appropriate
- MCQ of MFOM Exam
- Clinical cases section of MFOM Portfolio Exam

## Outcome 3 – Engage with other disciplines on issues such as transmissible diseases

The Trainee should have experience working with other disciplines on overlapping issues including TB, HIV, Hepatitis B and C. Ideally, they should be involved in an MDT or committee representing the Occupational Medicine perspective of these strategies.

**Assessment/learning opportunities**

- Feedback Opportunity
- Case-based discussion (CBD), as appropriate and as agreed with Trainer
- Case discussions/presentations
- MDT membership/engagement

## Outcome 4 – Undertake Research Project

A Trainee should be able to undertake a research project ideally with involvement throughout from planning to approval, execution, data analysis and presentation.

**Assessment/learning opportunities**

- Feedback Opportunity
- Research Project
- Presentation of research at Faculty Smiley Day

# Training Goal 6 – Occupational Medicine Law & Ethics

**By the end of Occupational Medicine Training**, the Trainee is expected to demonstrate understanding and application of the legal aspects of Occupational Medicine and ethical considerations.

## Outcome 1 – Consent in Occupational Medicine

A Trainee should be able to demonstrate an understanding of consent as it applies to Occupational Medicine. This includes consent to an assessment, consent for reports to management and consent for communication with GP or other specialists.

**Assessment/learning opportunities**

- Feedback Opportunity
- Case-based discussion (CBD), as appropriate and as agreed with Trainer
- RCPI HST Ethics in Occupational Medicine
- Study days where appropriate
- Clinical cases section of MFOM Exam

## Outcome 2 – GDPR in Occupational Medicine

A Trainee should be able to demonstrate an understanding and the application of GDPR legislation as it applies to Occupational Medicine.

**Assessment/learning opportunities**

- Feedback opportunity
- Case-based discussion (CBD), as appropriate and as agreed with Trainer
- HSeLanD Fundamentals of GDPR course
- MCQ of MFOM Exam
- Clinical cases section of MFOM Exam

## Outcome 3 – Ethics in Occupational Medicine

A Trainee should be able to demonstrate an understanding of their ethical responsibilities to both the employee and the employer/management; adhere to ethical guidelines for communications between occupational physicians, doctors, managers, and others.

**Assessment/learning opportunities**

- Feedback Opportunity
- Case-based discussion (CBD), as appropriate and as agreed with Trainer
- RCPI HST Ethics in Occupational Medicine
- OSPE section of MFOM Exam

## Outcome 4 – Legal aspects of Occupational Medicine

A Trainee should be able to demonstrate an understanding of the legislative framework of occupational health in Ireland; acts, regulations, codes of practice and guidance governing occupational health and safety including the reporting of occupational injury and disease; disability legislation, GDPR, health and safety and employment law.

**Assessment/learning opportunities**

- Feedback Opportunity
- Case-based discussion (CBD), as appropriate and as agreed with Trainer
- Study days as appropriate
- Expert Witness and Medico-legal report writing courses
- HSeLanD Fundamentals of GDPR course
- MCQ of MFOM Exam
- Clinical cases section of MFOM Exam

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# APPENDICES

*This section includes two appendices to the Curriculum.*

*The first one is about Assessment (i.e. Workplace Based Assessments, Evaluations etc).*

*The second one is about Teaching Attendance (i.e. Taught Programme, Specialty-Specific Learning Activities and Study Days)*

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# ASSESSMENT APPENDIX

## Workplace-Based Assessment & Evaluations

The expression "workplace-based assessments" (WBA) defines all the assessments used to evaluate Trainees' daily clinical practices employed in their work setting. It is primarily based on the observation of Trainees' performance by Trainers. Each observation is followed by a Trainer's feedback, with the intent of fostering reflective practice.

## Relevance of Feedback for WBA

Although "assessment" is the keyword in WBA, it is necessary to acknowledge that feedback is an integral part and complementary component of WBA. The main purpose of WBA is to provide specific feedback for Trainees. Such feedback is expected to be:

- **Frequent**: the opportunities to provide feedback are preferably given by directly observed practice, but also by indirectly observed activities. Feedback is expected to be frequent and should concern a low-stake event. Rather than being an assessor, the Trainer is an observer who is asked to provide feedback in the context of the training opportunity presented at that moment.
- **Timely**: preferably, the feedback should be a direct conversation between Trainer and Trainee in a timeframe close to the training event. The Trainee should then record the feedback on ePortfolio in a timely manner.
- **Constructive**: the recorded feedback would inform both Trainee's practice for future performance and committees for evaluations. Hence, feedback should provide Trainees with behavioural guidance on how to improve performance and give committees the context that leads to a rating, so that progression or remediation decisions can be made.
- **Actionable**: to improve performance and foster behavioural change, feedback should include practical and contextualised examples of both Trainee's strengths and areas for improvement. Based on these examples, it is necessary to outline a realistic action plan to direct the Trainee towards remediation/improvement.

## Types of WBAs in use at RCPI

There is a variety of WBAs used in medical education. They can be categorised into three main groups: *Observation of performance*; *Discussion of clinical cases*; *Feedback*; *Mandatory Evaluations*.

As WBAs at RCPI we use *Observation of performance* via MiniCEX and DOPS; *Discussion of clinical cases* via CBD; *Feedback* via Feedback Opportunity.

*Mandatory Evaluations* are bound to specific events or times of the academic year, for these at RCPI we use: Quarterly Evaluation/End of Post Evaluation; End of Year Evaluation; Penultimate Year Evaluation; Final Year Evaluation.

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### Recording WBAs on ePortfolio

It is expected that WBAs are logged on an electronic portfolio. Every Trainee has access to an individual ePortfolio where they must record all their assessments, including WBAs. By recording assessments on this platform, ePortfolio serves both the function to provide an individual record of the assessments and to track Trainees' progression.

### Formative & Summative Feedback

The Trainee can record any WBA either as formative or summative with the exception of the *Mandatory Evaluations* (Quarterly/End of Post, End of Year, Penultimate Year, Final Year evaluations).

**If the WBA is logged as formative, the Trainee can retain the feedback on record, but this will not be visible to an assessment panel, and it will not count towards progression. If the WBA is logged as summative it will be regularly recorded and it will be fully visible to assessment panels, counting towards progression**.

### Specialty-Specific Examination

Successfully pass both the **Licentiate of Faculty of Occupational Medicine (LFOM)** and **Membership of Faculty of Occupational Medicine (MFOM) Examinations.** You should aim to sit the LFOM at the end of your second year of HST and you are expected to obtain the MFOM by the end of your third year.

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| WORKPLACE-BASED ASSESSMENTS | |
|---|---|
| ***CBD*** *\|Case Based Discussion* | This assessment is developed in three phases:<br>1. Planning: The Trainee selects two or more medical records to present to the Trainer who will choose one for the assessment. Trainee and Trainer identify one or more training goals in the curriculum and specific outcomes related to the case. Then the Trainer prepares the questions for discussion.<br>2. Discussion: Prevalently, based on the chosen case, the Trainer verifies the Trainee's clinical reasoning and professional judgment, determining the Trainee's diagnostic, decision-making and management skills.<br>3. Feedback: The Trainer provides constructive feedback to the Trainee.<br>It is good practice to complete at least one assessment per quarter in each year of training. |
| ***DOPS \|*** *Direct Observation of Procedural Skills* | This assessment is specifically targeted at the evaluation of procedural skills involving patients in a single encounter.<br>In the context of a DOPS, the Trainer evaluates the Trainee while they are performing a procedure as a part of their clinical routine. This evaluation is assessed by completing a form with pre-set criteria, then followed by direct feedback.<br>It is good practice to complete at least one assessment per quarter in each year of training. |
| ***MiniCEX \|*** *Mini Clinical Examination Exercise* | The Trainer is required to observe and assess the interaction between the Trainee and a patient. This assessment is developed in three phases:<br>1. The Trainee is expected to conduct a history taking and/or a physical examination of the patient within a standard timeframe (15 minutes).<br>2. The Trainee is then expected to suggest a diagnosis and management plan for the patient based on the history/examination.<br>3. The Trainer assesses the overall Trainee's performance by using the structured ePortfolio form and provides constructive feedback.<br>It is good practice to complete at least one assessment per quarter in each year of training. |
| ***Feedback Opportunity*** | Designed to record as much feedback as possible. It is based on observation of the Trainees in any clinical and/or non-clinical task. Feedback can be provided by anyone observing the Trainee (peer, other supervisors, healthcare staff, juniors). It is possible to turn the feedback into an assessment (CDB, DOPS or MiniCEX) |
| **MANDATORY EVALUATIONS** | |
| ***QA \|*** *Quarterly Assessment* | As the name suggests, the Quarterly Assessment recurs four times in the academic year, once every academic quarter (every three months).<br>It frequently happens that a Quarterly Assessment coincides with the end of a post, in which case the Quarterly Assessment will be substituted by completing an End of Post Assessment. In this sense the two Assessments are interchangeable, and they can be completed using the same form on ePortfolio.<br>However, if the Trainee will remain in the same post at the end of the quarter, it will be necessary to complete a Quarterly Assessment. Similarly, if the end of a post does not coincide with the end of a quarter, it will be necessary to complete an End of Post Assessment to assess the end of a post.<br>This means that for every specialty and level of training, a minimum of four Quarterly Assessment and/or End of Post Assessment will be completed in an academic year as a mandatory requirement. |
| ***EOPA \|*** *End of Post Assessment* | |
| ***EOYE \|*** *End of Year Evaluation* | The End of Year Evaluation occurs once a year and involves the attendance of an evaluation panel composed of the National Specialty Directors (NSDs); the Specialty Coordinator attends too, to keep records of and facilitate the meeting. The assigned Trainer is not supposed to attend this meeting unless there is a valid reason to do so. These meetings are scheduled by the respective Specialty Coordinators and happen sometime before the end of the academic year (between April and June). |
| ***PYE \|*** *Penultimate Year Evaluation* | The Penultimate Year Evaluation occurs in place of the End of Year Evaluation, in the year before the last year of training.<br>It involves the attendance of an evaluation panel composed of the National Specialty Directors (NSDs) and an External Member who is a recognised expert in the Specialty outside of Ireland; the Specialty Coordinator attends too, to keep records of and facilitate the meeting. The assigned Trainer is not supposed to attend this meeting unless there is a valid reason to do so. |
| ***FYE \|*** *Final Year Evaluation* | In the last year of training, the End of Year Evaluation is conventionally called Final Year Evaluation, however, its organisation is the same as an End of Year Evaluation. |

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# TEACHING APPENDIX

## RCPI Taught Programme

The RCPI Taught Programme consists of a series of modular elements spread across the years of training.

Delivery will be a combination of self-paced online material, live virtual tutorials, and in-person workshops, all accessible in one area on the RCPI's virtual learning environment (VLE), RCPI Brightspace.

The live virtual tutorials will be delivered by Tutors related to this specialty and they will use specialty-specific examples throughout each tutorial. Trainees will be assigned to a tutorial group and will remain with their tutorial group for the duration of HST.

Trainees will receive their induction content and timetable ahead of their start date on HST. Trainees must plan the time to complete their requirements and must be supported with the allocation of study leave or appropriate rostering.

As the HST Taught Programme is a mandatory component of HST, it is important that Trainees are released from service to attend the Virtual Tutorials and, where possible facilitated with the use of teaching space in the hospital.

## Specialty-Specific Learning Activities (Courses & Workshops)

Trainees will also complete specialty-specific courses and/or workshops as part of the programme.

Trainees should always refer to their training curriculum for a full list of requirements for their HST programme. When not sure, Trainees should contact their Programme Coordinator.

## Study Days

Study days vary from year to year, they comprise a rolling schedule of hospital-provided topic-specific educational days and national/international events selected for their relevance to the HST curriculum.

Trainees are expected to attend the majority of the study days available and **at least 8 per training year**.

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## Occupational Medicine Teaching Attendance Requirements

### RCPI Taught Programme

**Modularised Content Available on Brightspace**

### Specialty-Specific Learning Activities

**Hospital Based Courses**

- Basic Life Support Skills (BLS)

**Desirable**

Additional qualification relevant to Occupational Medicine

### Study Days

Trainees are expected to attend the majority of the study days available and **at least 8 per training year**

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